

Kano Jiu-Jitsu

THE SERIOUS AND FATAL BLOWS

BLOWS may be struck that will cause insensibility or death. Among Occidental readers there is a notion that, because one who has been killed by a fatal blow can be brought back to life, he was not really killed after all. When a fatal *jiu-jitsu* blow is struck in the right way, the processes of life are mechanically stopped. It requires the prompt manipulations of *kuatsu* to set these vital forces at work again by mechanical means, and thus to restore life.

At some points that may be struck on the human body, the most skilfully delivered blow will produce only insensibility. At other points a skilfully given blow will cause death, while a lighter blow will cause insensibility.

Much depends upon the way that the blow is given. Much depends also upon the size of the striking surface. Thus, a blow given with the protruding second knuckle of the second finger will cause death if the blow be struck at a deadly point, whereas the blow struck with a clenched fist at the same point would hardly daze the victim.

Deadly blows are generally struck with the second knuckle of the second finger, with the point of the elbow, or with the point of the foot. These blows may be administered, when necessary, while grappling with an adversary.

NEVER MORE THAN INDICATE THE FATAL BLOWS UNLESS THERE BE AN EXPERT AT *KUATSU* AT HAND!

The points at which sharp, swift blows, when effectively struck, will cause death are, as indicated on the accompanying charts:

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Chart I. Points 1, 3, 5, 6.

Chart II. Points 16, 19, 23, 25.

The points at which blows will cause unconsciousness are indicated as follows:

Chart I. Points 2, 4, 6, B, D, E, 15.

Chart II. Points H, I, 17, 19, 20, L, M, 25, 26.

The points at which bones may be broken when wrestling are indicated as follows:

Chart III. Points 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 45, 46.

Chart IV. Points 50, 61, 62, 63, 64, 69.

The points at which pain may be caused by twisting or pressure are indicated as follows:

Chart I. Points 2, 4, B, 5, 6, 8, 9, 10, 11, 13, 14, 15.

Chart II. Points 16, H, Z, 17, 18, 19, 20, 21, 22, 26.

Chart III. Points 31, 32, 33, 34, 35, 37, 38, 39.

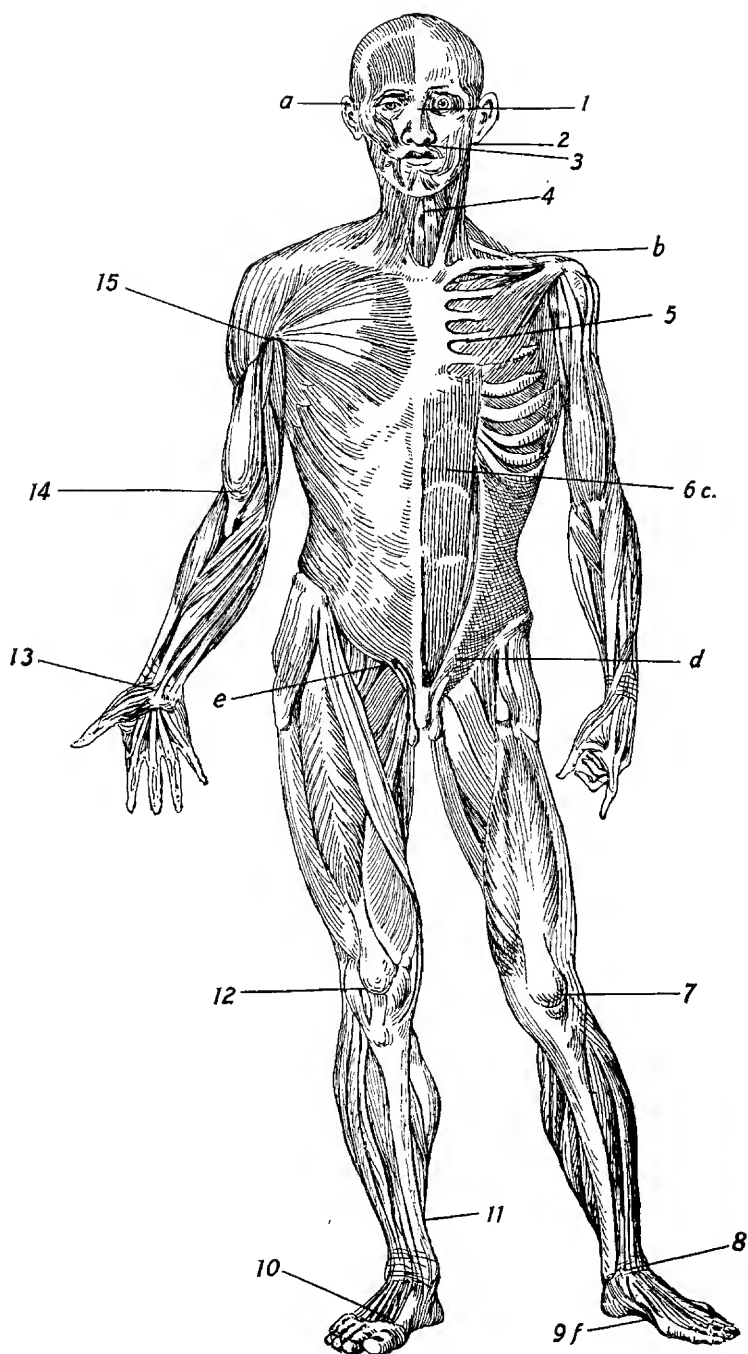


Chart I

Front view of vital and serious points used in attack and restoration.

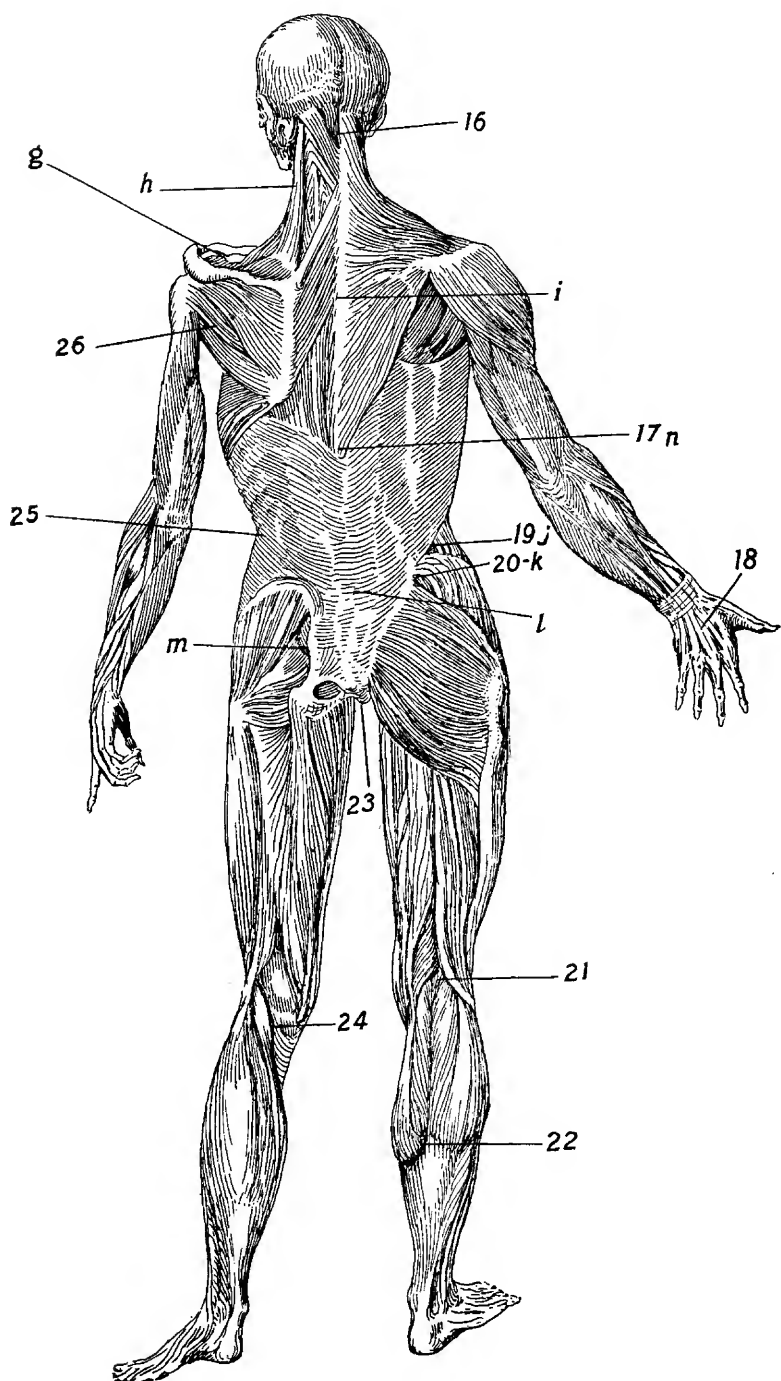


Chart II

Vital and serious points of the rear of the body

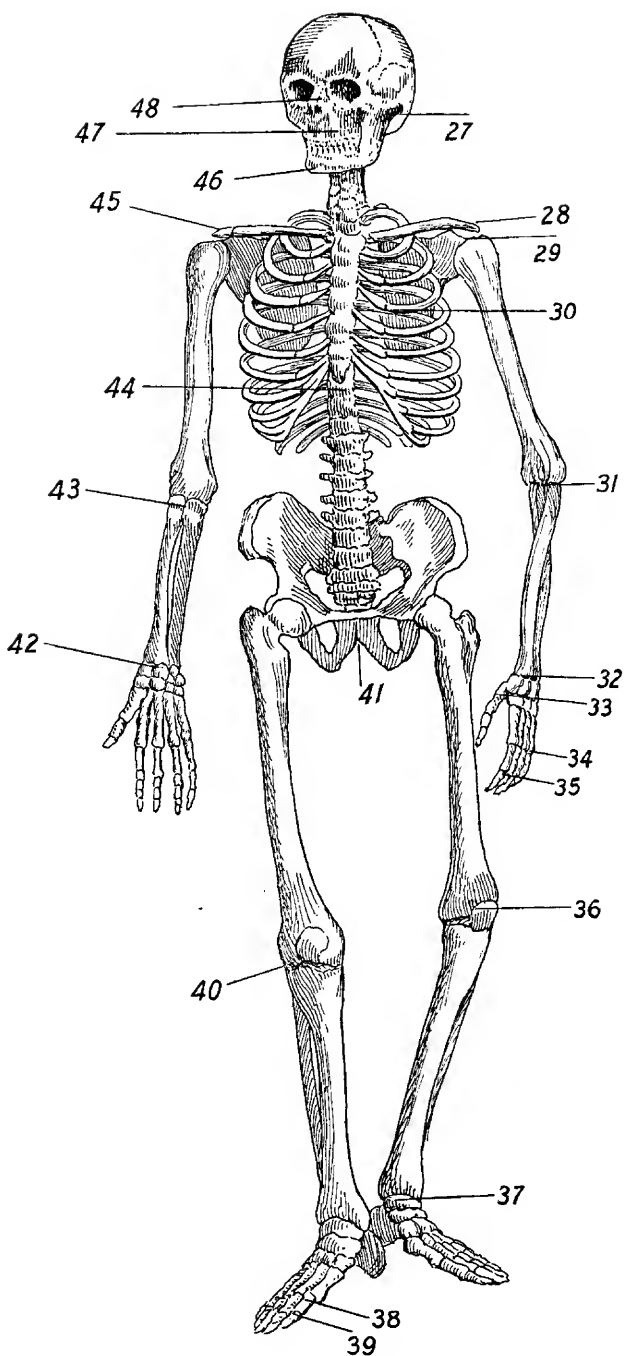


Chart III

Vital and serious points shown in a front view of the bony framework.

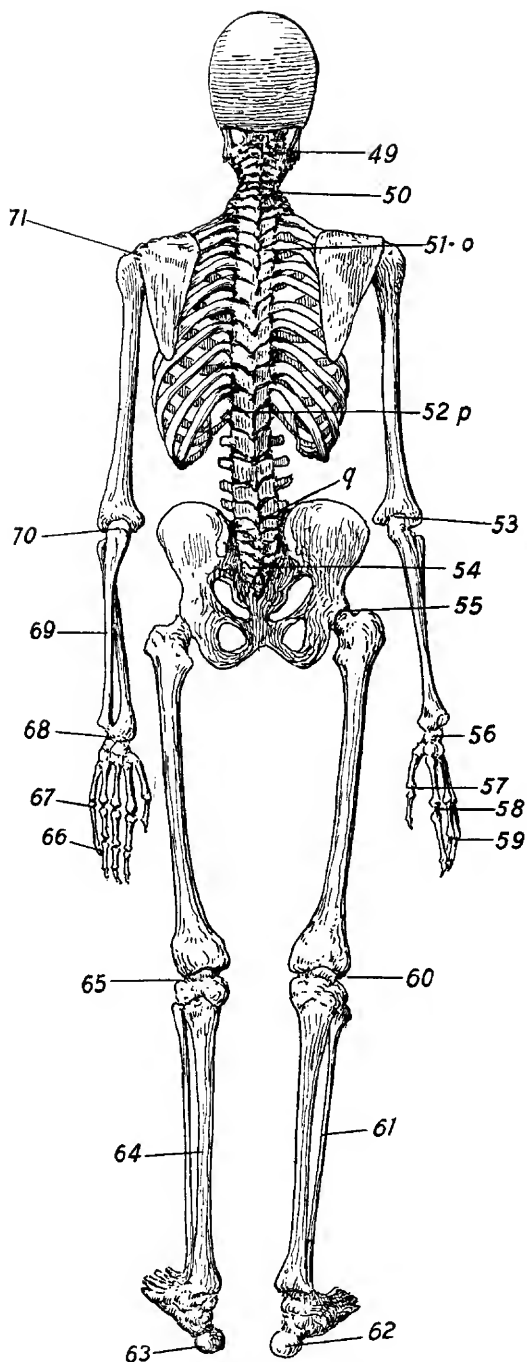


Chart IV

Vital and serious points shown in a rear view of the bones of the human body.

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KUATSU, OR THE RESTORATION OF LIFE

ALMOST from the inception of *jiu-jitsu*, probably twenty-five centuries ago, the Japanese began to get inklings of the possibilities of that wonderful science of vitality which has since become known under the name of *kuatsu*. Persons who have fainted, or who have been struck unconscious, are quickly—almost instantly—brought back to the full possession of their faculties.

Originally, *kuatsu* was, no doubt, employed solely for reviving the victims of attacks. In later centuries, however, it was discovered that this strange science was potent in cases of drowning, sunstroke, and injuries from other accidental causes.

In the following pages every authentic phase of this wonderful yet simple work of revivification is given. The directions are few and simple, yet great care must be observed by the student. Success cannot attend carelessness. The vital points that must be touched in the manipulations must be found with exactitude or the desired results will not follow.

It is recommended that the student, when merely practising, make the touches and other manipulations very lightly. It is a curious fact, which will be noted by the reader, that many of the points of the body touched in the *kuatsu* manipulations are also points that are touched in attack for the purpose of causing death or insensibility.

AT ALL TIMES FOLLOW THE DIRECTIONS WITH PAINSTAKING CARE!

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Trick 1. Phase 1

When a person has been kicked or struck in the throat, or anywhere at his sides, or in the abdomen, stomach, or solar plexus, the first requisite is that he be not roughly handled. He must be laid upon his back exactly as shown in illustration No. 488, with his legs fully extended and his arms stretched out at right angles with his body. Bend over your patient and grip him anywhere at the shoulder with your left hand, while resting the heel of your right hand squarely at the pit of his stomach. (Point C, Chart I.)

Trick 1. Phase 2

Now, allow your right elbow to fall more upon your patient's body. Push the heel of your hand smartly and repeatedly against the pit of your patient's stomach. Employ the whole strength of your arm and the motion of your hand should resemble a kick. Continue this until your patient revives. As he regains consciousness, make him sit up, with his arms extended. Now, take his arms in turn, extending them at the sides, and moving with a rotary movement. Where you have an assistant, both of the patient's arms are rotated at the same time. The arms are made to sweep backward in a circle and then well forward. The first striking at the pit of the stomach starts respiration, and the moving of the patient's arms causes the air to rush into the lungs, the blood to resume its interrupted circulation, and the patient quickly returns to the possession of his faculties.

Phase 3. (No illustration.) Raise the patient to his feet and aid him in walking slowly.

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No. 488. Trick 1. Phase 1



No. 489. Trick 1. Phase 2

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Trick 2. Phase 1

Sometimes, when the injury is extremely serious, as when a very severe kick has been given in the stomach or side, or when the patient has been severely strangled, as with a rope, or in the case of a patient suffering from sunstroke, lay him gently on his face with his arms extended sideways, and bring the heel of your right hand back over the point in the patient's back that is shown in illustration No. 490, and with your upper and lower arm at the relative inclinations shown in the illustration. These positions are vitally essential, and therefore should be studied carefully, with frequent comparison of the illustrations for this trick.

Trick 2. Phase 2

Now study illustration No. 491, in order to gain an accurate idea of how the hand is struck forward. The heel of the hand should land severely every time upon the seventh cervical vertebra (Point I, Chart I, or Point O, Chart IV), that bone of the spine which is very prominent just below the bend of the neck. As quickly as the blow has been struck on this vertebra, bring your arm back to the position shown in the illustration for Phase 1. Then quickly move the arm forward again, striking the same vertebra again with the heel of the hand, and bringing your elbow down close to the patient's body as you strike. Continue this with the regularity of a carpenter striking with a hammer.

Phase 3. (No illustration.) As soon as your patient recovers consciousness bring him to a sitting position, as in Trick 1, rotate his arms, and finally aid him to walk about. This final stage of walking is mandatory in every instance where *kuatsu* is applied, in order that respiration and circulation may be completely restored. If this be neglected, the patient often relapses into unconsciousness.

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No. 490. Trick 2. Phase 1



No. 491. Trick 2. Phase 2

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No. 492. Trick 3. Phase 1

If the case yield very stubbornly to treatment, bring the patient to a sitting position, with his head hanging forward, as shown in illustration No. 492, and supporting him with your left hand on his chest. Now, begin with the heel of the hand well down the patient's back, as shown above, and strike quickly upward with the heel of the hand against the seventh cervical vertebra, as in the preceding trick. Repeat this, striking rhythmically and severely.

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No. 493. Trick 3. Phase 2

Now, study illustration No. 493 very carefully. Note just how the operator's right fist is clenched, with the second knuckle of the second finger protruding in advance of the knuckles of the other fingers. Bring the fist to the position shown on the patient's back, then strike quickly upward at the patient's seventh cervical vertebra, repeating this until consciousness returns. Follow the return of consciousness with rotating the patient's arms and aiding him to walk, as in other cases.

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No. 494. Trick 3. Phase 3

If both the application of the heel of the hand and of the second knuckle of the second finger fail, seize your patient under the shoulders, as shown in illustration No. 494, and bring the point of your knee along the back to the point shown. Now, strike quickly and severely upward at the seventh cervical vertebra with the point of your knee, repeating this as long as is necessary. Follow the patient's recovery to consciousness by the same rotation of arms and forced walking as in the other cases.

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No. 495. Trick 4. Phase 1

In any case where the brain, heart, or testicles have been severely injured, first gently lay the unconscious patient on his face, as shown in illustration No. 495, and with his arms extended sideways. Resting the heel of your right hand at the very base of the patient's spine, next strike severely upward with the heel of the hand landing with severe impact against the third vertebra from the base of the spine. (Point L, Chart II, or Point Q, Chart IV.) Draw the hand back to starting position and repeat this striking rhythmically and always sharply as long as may be needed. (Note.—By the “base of the spine” is not meant the actual extremity, but the apparent base—the last prominent vertebra over the rectum.)

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Trick 4. Phase 2

Resting the fingers over the patient's sides, prod your thumbs in sharply and repeatedly on either side of the same third vertebra from the base of the spine.

Trick 4. Phase 3

The last-described method failing, employ the second knuckle of your second finger against the same third vertebra from the base of the spine, raising your fist several inches from the patient's body before striking.

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No. 496. Trick 4. Phase 2



No. 497. Trick 4. Phase 3

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No. 498. Trick 4. Phase 4

With your arms under your patient's shoulders, clasp your hands at his abdomen, and drag him slantingly up, being careful to keep in just the position shown in illustration No. 498. Now, strike repeatedly and sharply with one of your knees against the third vertebra from the base of the patient's spine.

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No. 499. Trick 5. Phase 1

This trick is used especially in treating severe injuries to the brain. First employ Trick 4, Phase 1. Next, rest the tips of your fingers squarely on the tops of your patient's shoulders, as shown in illustration No. 499. Be careful to find the exact position. (Point B, Chart I.)

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No. 500 Trick 5. Phase 2

This will require some patient study before the knack is caught exactly. With the fingers in the position shown in the last phase, turn the hands over upon their backs, thus striking first upon the second knuckles of the fingers. Continue this movement by turning the hand completely over and striking on the knuckles at the bases of the fingers. Practise this until you are able to strike in this manner with speed and precision, the striking with the base knuckles following instantly upon the striking with the second knuckles. Continue this striking, the point that is struck at forcefully being the middle of the collar-bone on either side of the neck.

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No. 501. Trick 5. Phase 3

Place the fingers of both hands exactly as shown on either side of the vertebræ of the neck. (Point H, Chart 2, or Points 49 and 50, Chart IV.) Now massage downward for two or three inches, and then back again; continue this massage up and down as long as may be necessary. This massage with the finger-tips is not a stroking, but a light "digging" motion, much resembling a telegraph operator's movement with his fingers upon the telegraph key. The fingers are used for striking in this *kuatsu* feat, however, with more energy and force than the telegraph operator employs. The purpose of the massage in this phase is to clear the brain.

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No. 502. Trick 5. Phase 4

Rest the points of the fingers on the collar-bone on either side of the patient. (Point B, Chart I, or Point Z, Chart II.) Your thumbs rest at the back of the neck. Support the patient by the pressure of your thighs. Now, dig the finger-tips vigorously into the patient's collar-bone. The pressure must be forceful and the movement rapid, and considerable vibration is imparted to the patient's trunk by this operation.

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No. 503. Trick 5. Phase 5

As the next step in reviving one who has suffered a brain injury, press the finger-tips in just above the articulation of the jaw-bone (Point A, Chart I), the balls of the fingers resting on the front of the upper portion of the ear. Now, apply the pressure of the finger-tips repeatedly, and with a motion that causes the patient's head to vibrate.

Phase 6. (No illustration.) In this final stage of the restoration from an injury to the brain, the finger-tips are employed against the scalp on a line along the side of the top of the head. This line begins just over the temples and extends almost to the back of the head. Resting the thumbs merely for support, employ the finger-tips in a vigorous massage all along the line indicated, beginning at the front of the head and working back. Then work your fingers forward again, then once more back, and so on. The style of the massage is identical with that given by the barber in a "dry massage" for the scalp.

Caution.—Students of *kuatsu* have been known to make use of these feats for the restoration of the brain's faculties on one who is suffering merely from brain-fag. While brain-*kuatsu* will make a brain more active, it is dangerous to make continued use of the feats just described for tonic effects only. Never employ the brain-*kuatsu*, therefore, except in case of actual injury to the brain.

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Trick 6

Phase 1. (No illustration.) This trick is employed exclusively for treating injuries to the testicles. Your patient should lie on his back, and your assistant should hold him by the shoulders. Lift either one of your patient's feet, after having removed the shoe, and pull that leg strongly toward you. Clench your fist, with the second knuckle of your second finger protruding in advance of the same knuckles of the other fingers. With this second knuckle of the second finger, strike hard against the inner edge of the patient's instep at exactly the point indicated by 9 F on Chart I. One hard knock is enough. The patient will instantly become conscious and open his eyes.

Phase 2. (No illustration.) Turn your patient over on his face, and with the second knuckle of the second finger give one hard knock at the back of the upper portion of the hip-bone at the point indicated by 20 K on Chart II.

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No. 504. Trick 6. Phase 3

Now, turn your patient again on his back. Take the position indicated in illustration 504, the finger-tips resting at the points E and D, Chart I.

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No. 505. Trick 6. Phase 4

Now strike with the second knuckles of your fingers, following this up by striking with the knuckles at the bases of your fingers, and thus turning your hands completely over, just as was described in Trick 5, Phase 2. Continue doing this for some time.

Phase 5. (No illustration.) All that will be necessary now will be to raise your patient to his feet and to aid him in walking slowly about.

Trick 7

Phase 1. (No illustration.) This is the most important form of *kuatsu*. It is used for treatment of any kind of injury that causes unconsciousness or apparent death. It is especially valuable in cases of seeming death by drowning. Point N of Chart II corresponds with Point P of Chart IV. With the heel of the hand or with the second knuckle of the second finger hit hard against Point P. One or two sharp blows are enough. Thus far the patient has been lying on his back.

Phase 2. (No illustration.) Bring your patient to a sitting position, with his legs extended in front of him. Rotate his arms as described in previous feats of *kuatsu*. Support the patient's body while he is in this position.

Phase 3. (No illustration.) Raise your patient to his feet and aid him to walk.